



U.S. Patent Application Serial No.: 09/731,008  
Attorney Docket No.: G04.004

Patent

*9/11/04*  
*8/B*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: MCCOY

Application No.: 09/731,008

Filing Date: December 7, 2000

For: METHOD AND PRODUCT FOR  
CALCULATING A NET  
OPERATING INCOME AUDIT AND  
FOR ENABLING  
SUBSTANTIALLY IDENTICAL  
AUDIT PRACTICES AMONG A  
PLURALITY OF AUDIT FIRMS

)  
)  
) Group Art Unit: 3627

)  
) Examiner: Andrew J. Rudy

)  
) **RESPONSE** to November 10, 2003 Non-  
Final Office Action

)  
) Attorney Docket No.: G04.004

)  
) Buckley, Maschoff & Talwalkar LLC  
) Five Elm Street  
) New Canaan, CT 06840  
) (203) 972-0006  
)

CERTIFICATE OF MAILING UNDER 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 8, 2004.

Dated: January 28, 2004

By:

*Edith Martin*  
Edith Martin

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Non-Final Office Action mailed November 10, 2003, consideration of the remarks which begin on page 7 is respectfully requested.

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GROUP 3600

3627

Patent

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Applicant: MCCOY

Application No.: 09/731,008

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AUDIT PRACTICES AMONG A  
PLURALITY OF AUDIT FIRMS

Group Art Unit: 3627

Examiner: Andrew J. Rudy

**RESPONSE TRANSMITTAL**

Attorney Docket No.: G04.004

Buckley, Maschoff & Talwalkar LLC  
Five Elm Street  
New Canaan, CT 06840  
(203) 972-0006

## CERTIFICATE OF MAILING UNDER 37 CFR 1.8

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P.O. Box 1450, Alexandria, VA 22313-1450, on January 29, 2004.

Dated: January 29, 2004By: Edith Martin

Edith Martin

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing are:

1. ☒ Amendment/Response.
2. ☒ Additional Enclosures: Acknowledgement Postcard.

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**GROUP 3600**

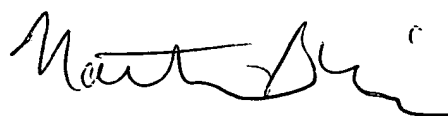
# FEE CALCULATION

For	Current	Prev. Paid	No. Extra	Rate	Fee
Total Claims	18	- 18	0	\$ 18.00	\$ 0.00
Indep. Claims	4	- 4	0	\$ 86.00	\$ 0.00
Multiple Dependent Claims (If applicable, please add \$ 290.00)					\$ 0.00
No Petition for Extension of Time is Required					\$ 0.00
OTHER FEE (specify purpose):					\$ 0.00
TOTAL FILING FEE					\$ 0.00

The Commissioner is hereby authorized to charge and credit Deposit Account No. 50-1852 as described below.

- ☒ Credit any overpayment.
- ☒ Charge any additional fees required under 37 CFR 1.17.

Respectfully submitted,



January 29, 2004

Date

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Nathaniel Levin  
 Registration No. 34,860  
 Buckley, Maschoff & Talwalkar LLC  
 Five Elm Street  
 New Canaan, CT 06840  
 (203) 972-3460